

FILED JUN 14 1943

Registration District No. 78

Primary Registration District No. 5364

State File No. 64

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Rural Liberty Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 1/2 Mi. West Gallatin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME (Unknown Probably) D. Hall

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 70 hr. min.

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. F. B. Bailey

(b) Address Coroner Daviess Co. Jamesport Mo

17. (a) Burial (b) Date thereof 5-26-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Daviess Co. Cemetery

18. (a) Signature of funeral director Hope Furn. & Undt. Co.

(b) Address Gallatin, Mo.

19. (a) 5-26-1943 (b) L. B. Bailey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Unknown (b) County Unknown
(c) City or town Unknown
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1943 hour Unknown minute --- M.

21. I hereby certify that I attended the deceased from seen him
after death May 26 1943
that I last saw him live on May 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Probably

Cerebral Hemorrhage

Due to (I saw him 3 weeks

Due to after death

Other conditions 8321

(Include pregnancy within 3 months of death)

Major findings: Of operations ---

Of autopsy ---

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---

(b) Date of occurrence ---

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury ---

23. Signature L. B. Bailey (M. D. or other) ---

Address Jamesport Mo. Date signed 5-26-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1084

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Body Was Not Embalmed
working under my personal supervision.

Registered Apprentice No.....

Signed..... *L. Q. Dickerson*

Licensed Embalmer No. *33012*

P. O. Address *Tallahassee Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.